## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000



or Fax

appropriate. All further con	rrespondence including the below or directed otherwise	Patent, advance or	ders and not	ification of maintenar	ice fees v	vill be mailed to the current and/or (b) indicating a separate	correspondence address	
	OAD	API	R 1 9 2005	have its own	certificate	mailing can only be used fis certificate cannot be used all paper, such as an assignme of mailing or transmission.  rtificate of Mailing or Transmis Fee(s) Transmittal is bein with sufficient postage for fir I Stop ISSUE FEE address TO (703) 746-4000, on the or	ent or formal drawing, m	
APPLICATION NO. FILING DATE		FIRST NAMED		D INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	1
09/688,165 10/16/2000		Mats Lindblom			2380-155	9463		
TITLE OF INVENTION: F	AULT DETECTION IN MU	JLTI-PLANE SWI		PUBLICATION I	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0		\$1400	04/25/2005	1
EXAM	ART UNIT		CLASS-SUBCLASS		1			
MOORE, IAN N 2				370-219000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					c.
PLEASE NOTE: Unless	RESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion	elow, no assignee	data will app	ear on the patent. If	an assign ent.	ee is identified below, the d	locument has been filed	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)    04/20/2005 SZEWDIE2 00000092 09688165								
FELEFONAKTIEBOLAGET LM ERICSSON (publ) Stockholm, Sweden  Office 1501 1400.00  Please check the appropriate assignee category or categories (will not be printed on the patent):								
Please check the appropriate 4a. The following fee(s) are	حصوب منتنب المساحدة				ıal X C	orporation or other private gre	oup entity Governm	
X Issue Fee	mall entity discount permitte	ed)	N Payment	in the amount of the form I	PTO-2038		credit any overpayment opy of this form).	
	(from status indicated above MALL ENTITY status. See		☐ b. Applic	ant is no longer claim	ing SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
						y paid issue fee to the applicated attorney or agent; or the		
Authorized Signature	Miseur 25	ww	ug			April 19, 2005		
Typed or printed name	H. Warren Buri	nam, Jr.		. Re	gistration	No. 29,366		
El.' 11 4' - C' C	' ' 11 AT CER 1A	11 771 1 6	<del></del>	. 1			., , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comp this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.